



NATIONAL COUNCIL OF LA RAZA

September 10, 2009

The Honorable Kathleen Sebelius
Secretary U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201


Dear Madam Secretary:

On behalf of the National Council of La Raza (NCLR), I write to encourage an appropriate allocation of comparative effectiveness research (CER) funding made available under the American Recovery and Reinvestment Act (ARRA) of 2009. ARRA specifies that of the \$1.1 billion in CER resources, \$400 million is allocated to the Office of the Secretary of the U.S. Department of Health and Human Services (HHS). NCLR has strong views about how and where these funds should be targeted.

But before outlining our recommendations, it might be useful to step back and review the landscape in this emerging field. First, we note that numerous studies have documented the disparities faced by racial and ethnic minorities in access to health care in general, and higher-quality interventions in particular. For example, the Institute of Medicine's report, *Unequal Treatment*, reveals that minorities are less likely than their White peers to receive appropriate cardiac medications or undergo bypass surgery and at the same time are disproportionately likely to receive less desirable, invasive treatments such as lower limb amputations for diabetes.

Second, the bulk of existing CER research is based on clinical trials and other data sources that do not fully include minority subsamples. Many observers, including some within HHS, have lamented the low levels of inclusion of minorities in general and Latinos in particular in key clinical trials and longitudinal studies. Thus, even to the extent that the "most effective" treatment modalities may have been identified for the general population, it is not clear that these are always applicable to racial and ethnic minorities.

Third, even where sufficient knowledge exists regarding appropriate treatment, as *Unequal Treatment* documents, it is clear that such knowledge is not equitably applied in clinical settings. It appears that new systems and strategies are required to organize, deliver, and monitor care provided to racial and ethnic minority populations.

Finally, to date, virtually all CER-related research has focused on clinical treatment, and while much of this is understandable, it ignores two critical elements: prevention and cultural competence. This administration is appropriately placing greater emphasis on ways to prevent disease. Similarly, given rapid demographic change, the health system is moving, albeit too slowly, to recognize the critical role that cultural competence plays in ensuring equitable treatment in an increasingly diverse society. We believe that CER research should not only

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follow these trends, but it must also be the catalyst for identifying science-based interventions that can reduce health disparities among diverse populations.

As you know, NCLR is the largest national Hispanic civil rights and advocacy organization in the United States. Furthermore, NCLR has a long history of partnering with a number of HHS agencies in identifying interventions that are *both* science-based and culturally and linguistically appropriate.

In this context, we have two recommendations regarding the allocation of ARRA/CER funding for the \$400 million subject to your direct discretion. First, we believe a significant share should be allocated to the Office of Minority Health (OMH), which has the expertise, contacts, and credibility inside and outside HHS to manage an effective set of strategies to address the issues we identify above. Second, we believe that every recipient of ARRA/CER funding should be held accountable for devoting an appropriate share of its resources to the vital goal of reducing health disparities.

While we would not be so presumptuous as to specify exact amounts that should be allocated toward these priorities, we would conclude by observing that racial and ethnic minorities now constitute more than one-third of all Americans, and that proportion will grow dramatically in the future. At a minimum, that is one benchmark you should consider in your decisions as you allocate the CER resources, especially since ARRA specifically urges consideration of racial and ethnic disparities in the execution of CER research.

Thank you for your consideration of our views. Please let me know how else we can be helpful in working with you to improve health outcomes for all Americans.

Sincerely,

Janet Murguía
President and CEO

Kathleen —

I hope you and
your team can take
a look at this.

Best,